

6) Has anyone named on page 1 (or their spouse or parent) served in the U.S. armed forces?

No\_\_\_ Yes\_\_\_ If Yes, write the name of the household member.

7) Is anyone named on page 1 pregnant?

No\_\_\_ Yes\_\_\_ If Yes, write the name of the household member.

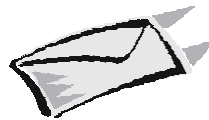
8) Does anyone named on page 1 have an emergency medical condition?

No\_\_\_ Yes\_\_\_ If Yes, write the name of the household member.



Send proof -- send copies of any papers or documents you have. We will tell you if you still qualify for DSHS medical coverage! The information you send us will not be shared with INS. Please return these questions and any papers you have in the postage paid envelope as soon as possible or by September 10, 2002. Thank you!

Medical Assistance Administration  
PO Box 45534  
Olympia WA 98504-5534



**IMPORTANT NOTE:** Even if you have documents, we need to check if you are still eligible. You should still apply for Basic Health. If we tell you that you can keep getting DSHS medical coupons, you can stop applying for Basic Health.

Have you already applied for Basic Health? If you have not applied and we find out some of your family members are not eligible for DSHS medical coverage, would you like to apply for Basic Health?

Yes

☐

No

☐

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If you have any questions, please call your local Community Services Office (CSO). If you don't know the number, call 1-800-562-3022.



**Your  
family's  
healthcare  
may  
change!**

**Important!**  
Please complete and  
return by  
**September 10, 2002!**

DSHS sent you a letter in early June saying that you or a member of your household may lose DSHS medical coverage (coupons) on September 30, 2002. We want to find out if you can continue your DSHS coupons.

The information we have for you and your family makes us think you are not eligible for any other medical program. To check and see if this is right, we need more information. Please answer the **Questions** (on pages 2 and 3) for each person named below.

# Questions

Write the *name* of the person listed on page 1 for any question that is true for them. Be sure to include the information even if you have already given it to your CSO (welfare office). Send copies of any papers or documents you have.

- 1) Does anyone named on page 1 now have immigration papers or documents?  
No\_\_\_ Yes\_\_\_ If *Yes*, write the name of the household member. Please include the date this immigration status was first received.
- 2) Has anyone named on page 1 lived in the U.S. since *before* August 22, 1996?  
No\_\_\_ Yes\_\_\_ If *Yes*, write the name of the household member. (It does not matter if they came with or without papers or a passport.)
- 3) Are any family members named on page 1 U.S. citizens?  
No\_\_\_ Yes\_\_\_ If *Yes*, write the name of the household member.
- 4) Are any family members *not* named on page 1 U.S. citizens?  
No\_\_\_ Yes\_\_\_ If *Yes*, write the name of the household member.
- 5) Has anyone named on page 1 lived with someone who was mentally or physically abusing them?  
No\_\_\_ Yes\_\_\_ If *Yes*, write the name of the household member.

Have they applied for immigration papers? No\_\_\_ Yes\_\_\_

*Note:* If you need help, please call or take this form to your local CSO for help. (A CSO is sometimes called a welfare office or Community Services Office.)